

SHOPLIFT REPORT

Police Agency**Case or Dispatch #**

IT WILL BE NECESSARY THAT THIS REPORT BE FILLED OUT IN ITS ENTIRETY, SIGNED BY THE COMPLAINING PARTY AND GIVEN TO THE POLICE ON THEIR ARRIVAL. IT MAY BE NECESSARY THAT THE COMPLAINING PARTY APPEAR IN COURT AT THE COUNTY SUPERIOR COURT, TRAFFIC & MISDEMEANOR DIVISION, LOCATED IN THE 1855 COURTHOUSE AT 112 S. LAFAYETTE BLVD., IN SOUTH BEND, INDIANA, TO TESTIFY AGAINST THE DETAINED PARTY, IF THEY HAVE REACHED THE AGE OF 18 YEARS. IF THE ARRESTEE IS A JUVENILE, UNDER THE AGE OF 18 YEARS, IT WILL NOT BE NECESSARY TO APPEAR UNLESS ORDERED BY THE JUVENILE COURT.

RETAIN STOLEN MERCHANDISE IN A SECURE LOCATION UNTIL THE CASE IS COMPLETED. A PHOTOGRAPH OF THE MERCHANDISE MAY BE KEPT AS EVIDENCE IN LIEU OF THE ACTUAL ITEM OR ITEMS.

Store: _____ Address: _____
TX: _____ Day: S M T W TH F SA SU Date: _____ Time: _____ A.M. P.M.

Name of Detained Party:

Last Name First _____ Maiden Name: _____
 Race _____ Sex _____ Age _____ DOB _____ Address: _____
 City: _____ State: _____ TX: _____ Height: _____
 Weight: _____ Hair: _____ Eyes: _____ Scars/Marks/ Tattoos: _____
 Soc.Sec: _____ Type I.D.: _____ Alias: _____
 Martial Status: S M W D Spouse's Name: _____
 Place of Emp. Or Student: _____

Parent or Guardian's Name, Address and Place of Employment, If suspect is a Juvenile:

Father:	Address:	TX:		
Places of Employment		Has Custody	Yes	No
Mother	Address:	TX:		
Places of Employment		Has Custody	Yes	No

Where First Observed: _____ Time: _____ A.M. P.M.
By Whom: _____
Where Apprehended: _____ Time: _____ A.M. P.M.
By Whom: _____
Comments When Stopped: _____
Where or In What Was Merchandise Concealed: _____
Why Were Items Taken: _____
Money on Person: \$ _____ Vehicle (Make, Color, License): _____

NAMES & ADDRESSES OF COMPANIONS

Name:	Address	Age
Name:	Address	Age

DETAILS OF SHOPLIFTING

Use additional pages if necessary

Item taken	Serial # or Description	Size & or Color	Recovered	Value

TOTAL AMOUNT: \$ _____

I affirm, under the penalties for perjury, that the foregoing representations are true.

Print Name: _____
 Signature: _____ Title: _____
 Responding Officer: _____ P.N.# _____ Agency: _____

WITNESS LIST

Name, Address, TX: _____
 Name, Address, TX: _____
 Name, Address, TX: _____
 Name, Address, TX: _____

TRESPASS

TO: _____

YOU ARE HEREBY NOTIFIED THAT BECAUSE OF YOUR MISCONDUCT YOUR PATRONAGE IS NO LONGER WELCOME AT _____
 LOCATED IN ST. JOSEPH COUNTY, INDIANA.

SHOULD YOU ENTER THE PREMISES OF _____
 AFTER SERVICE OF THIS NOTICE, YOU WILL BE PROSECUTED FOR TRESPASS AND SUBJECT TO A FINE OF UP TO \$5000.00 AND IMPRISONMENT OF UP TO ONE YEAR AS PROVIDED IN I.C. 35-43-2-2.

DATE _____ Manager OR Agent _____

SERVED ON THE WITHIN NAMED _____
 DATE _____ SERVED BY _____
 WITNESSED BY _____



Fingerprint

Attach Photo of Suspect Here (Label Photograph of Suspect with Name and Date)

Original: Responding Police Agency

Copy: Prosecutor

Copy: Retained by Merchant